

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION

**FORM 579 – COMMUNITY ASSOCIATION MANAGER CONTINUING EDUCATION
COURSE APPLICATION**

Date _____

Sponsor Information

1. Name of sponsor: _____
2. Mailing Address: _____
City, State & Zip: _____
3. Telephone: _____ Fax: _____
4. E-mail: _____ URL: _____
5. Contact Person: _____

Course Information

6. Course Title: _____
7. Requested hours of classroom instruction or self paced study, if distance education: _____
8. Course Objectives / Learning Outcomes: _____

9. Course Fee Range: \$ _____

10. Select the qualifying standards in **NAC 116 A.232** under which this course is being submitted for approval:

- ☐ 1a ☐ 1b ☐ 2a ☐ 2b ☐ 2c ☐ 2d ☐ 2e ☐ 2f ☐ 2g ☐ 2h ☐ 2i
- ☐ 2j ☐ 2k ☐ 2l ☐ 2m ☐ 2n ☐ 2o ☐ 2p ☐ 2q ☐ 2s

11. Select 1 requested designation: ☐ Law & Legislative Update ☐ General

12. Select 1 Delivery Method: ☐ Classroom Instruction

☐ Distance Education (select 1 below)

 a. ☐ Internet b. ☐ Correspondence c. ☐ Other _____

13. State subject area of course, i.e. reserve studies, accounting, contracts, landscape, maintenance, fiduciary duties, etc.: _____

Instructor Information

14. List instructor names below:

Individual instructor application for each instructor is required.

Retention of continuing education records

Sponsor verifies that attendance records will be retained in accordance with NAC 116A.230 at Sponsor's location address given below.

Written notice of any change in location must be given to the Real Estate Division, Education Officer.

15. Address of location at which records will be held:

(City, State, Zip)

(Printed Name of Authorized Records Custodian) *(Signature of Authorized Records Custodian)*

Regulatory Compliance

16. Course application fee is \$100 per application. *(see below) Amount enclosed : \$ _____

"I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct."

(Print Name)

Executed on _____
(Date) *(Signature of person authorized to submit application)*

INCOMPLETE SUBMISSIONS COULD RESULT IN DELAY OR DENIAL OF APPLICATION.

***COURSE APPLICATION FEE IS NON-REFUNDABLE.**

If course is by distance education delivery, you must also complete:

- 1. Distance Education Questionnaire (required, unless course delivery is ARELLO certified);**
- 2. Application for Secure Electronic Method of Administering Final Exam, if applicable;**
- 3. Certificate of Test Proctor, if applicable.**

**REAL ESTATE CONTINUING EDUCATION
INSTRUCTOR APPLICATION**

1. Name of Applicant: _____
Mailing Address: _____
City, State & Zip: _____
Business Phone: _____ Fax Number: _____
Applicant's E-Mail Address: _____

2. Name and address of school / organization or sponsor for which the applicant will instruct: _____

3. Title of Course which the applicant will instruct: _____

4. PROOF OF QUALIFICATION MUST BE ATTACHED to include:

- Detailed resume defining dates (from-to) of schooling and experience. Describe experience in the field in which applicant is applying to instruct so that resume clearly shows how applicant is qualified to teach subject matter of course per NAC 116A.270
- Copies of applicable documents (licenses, certificates, etc).

QUESTIONS 5, 6, AND 7 MUST BE ANSWERED BY APPLICANT:

5. Have you ever been refused approval of a license or certificate by any Federal, State, County or City agency?

Yes ☐ No ☐ **If yes, attach an explanation.**

6. Has any license or certificate held by you been suspended, revoked or subject to discipline?

Yes ☐ No ☐ **If yes, attach an explanation.**

7. Have you ever been subject to disciplinary action by any Federal, State, County or City agency?

Yes ☐ No ☐ **If yes, attach an explanation.**

INCOMPLETE SUBMISSION COULD RESULT IN DELAY OR DENIAL OF APPLICATION.

I declare under penalty of perjury under laws of the State of Nevada that the foregoing attached statement consisting of __ pages is true and correct.

Executed on: _____, 20 ____
(Date)

(Signature)

(Print Name)

FOR NRED INTERNAL USE ONLY

Date: _____

Approved / Denied By: _____

DISTANCE EDUCATION QUESTIONNAIRE

Complete only for courses submitted for distance education delivery

***MUST BE COMPLETED IF SPONSOR DOES NOT HAVE ARELLO OR IDECC DISTANCE
EDUCATION CERTIFICATION***

See NAC 116A.235

I. What is your mission statement?: _____

II. Describe the design of the course: _____

III. What are your procedures for updating the course: _____

IV. Describe the type and frequency of interactivity of the instruction with the students:

V. How does the instruction provided teach mastery of the materials?: _____

VI. What support services are available to students?: _____

**VII. How was a time study of the range of instructional hours for this course completed?: Justify the
number of hours requested to be approved for this course.**

DISTANCE EDUCATION QUESTIONNAIRE

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VIII. Describe and document how each module of instruction has:

a) At least one learning objective. _____

b) A structured learning method to enable the student to achieve the learning objective.

c) A method of assessment of the student's performance during instruction. _____

d) A method of remediation if student is deficient in mastering the course material to repeat the course until the student understands.

e) A complete syllabus or student instruction manual (or both) provided in written form which includes accurate and clearly stated information about admissions, progression, completion, criteria, dismissal and any applicable licensing requirements.

**APPLICATION FOR SECURE ELECTRONIC METHOD OF ADMINISTERING
FINAL EXAM FOR DISTANCE EDUCATION COURSES**

NAC 645.443 allows for a written final examination to be administered by a secure electronic method in lieu of a proctored exam.

Describe your proposal for administering testing in electronic format. Your proposal should detail the procedures, methods and components you plan to utilize to secure the electronic format and the test security to assure that the person testing is the student.

Describe the elements and procedures you plan to utilize in grading the exam. Describe how the student will be notified of a pass or fail grade. What will be necessary for the student to re-test?

Please provide copies of exam(s) and answer key(s). NAC 116A.190.

CERTIFICATE OF TEST PROCTOR

Proctor Verification

Submitting this completed form will allow _____ to release the exam to the proctor via fax.
(Name of school)

Nevada Administrative Code (NAC) 116A.235 requires that a student who enrolls in a distance education program must pass a proctored, written examination. The proctor (someone over 18 who is not related to the student / see section 1 below) must complete this form and fax the completed form to _____.
(Name of school) (Phone Number)

All proctor signatures are **required** to be notarized. This insures the proctor is a real and valid person. All sections of this form must be completed for a test to be sent to the proctor.

Instructions to proctor: Complete this form then email or fax the form

_____ will email or fax the exam to be proctored
(Name of school)

Name of the course taken
(Use the students receipt or the title of the workbooks)

Name of the student taking the test

The proctor certifies that:

1. I am a disinterested third party in the administration of this examination. I am not related by blood, marriage or any other relationship to the examinee that would influence me from properly administering the examination. I am not a real estate licensee nor am I affiliated with a real estate brokerage firm.
2. The student taking the exam will show me positive photo identification prior to taking and completing the examination.
3. The enclosed examination will be administered under my supervision on the following date: _____.
4. The student received no assistance in taking the examination.
5. The test should be sent to my attention at: Fax _____ or Email _____.
6. _____ may contact me with questions via phone at the following number: _____.
(Name of school)
7. I will not permit the examination to be compromised, copied, or recorded in any way or by any method.
8. After examination is administered, I will fax/email completed examination to your school.

Printed Name of Proctor

Signature of Proctor

Address

City

State

Zip

State of _____ } (Notary Seal)
County of _____ } SS

Subscribed and sworn to before me this _____ day of _____, 20____.

Public Notary My appointment expires on _____.

**CONTINUING EDUCATION
CONTENT/ INSTRUCTOR EVALUATION REPORT FORMS**

FORM 612A

OR

FORM 612B

NEVADA REAL ESTATE DIVISION 2501 East Sahara Avenue, Suite 102 * Las Vegas, NV 89104-4137 * (702) 486-4033					
LIVE CLASSROOM AND INSTRUCTOR EVALUATION REPORT					
<input type="checkbox"/> POSTLICENSING EDUCATION <input type="checkbox"/> CONTINUING EDUCATION					
COURSE TITLE _____					
CE/POST # _____		HOURS _____		DATE _____	
SPONSOR: _____					
INSTRUCTOR: _____					
I. INSTRUCTOR:	Excellent	Good	Average	Fair	Poor
Demonstrated knowledge of course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged feedback and questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responded satisfactorily to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave examples to illustrate a point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Followed course outline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely start and finish of class sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to control disruptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. CONTENT/MATERIALS:					
Clear course outcomes/learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical value of content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of resource materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content and materials current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If your rating is "Average" or below, state your reasons: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
What suggestions do you have to improve this course? <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
Name (optional) _____ Date: _____					
NOTE: No exceptions to this format without Division's prior approval					
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NEVADA REAL ESTATE DIVISION 2501 East Sahara Avenue, Suite 102 * Las Vegas, NV 89104-4137 * (702) 486-4033					
CONTINUING EDUCATION DISTANCE EDUCATION CONTENT AND INSTRUCTOR EVALUATION REPORT					
COURSE TITLE: _____					
CE #: _____		HOURS: _____		DATE: _____	
DELIVERY METHOD: <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> INTERNET <input type="checkbox"/> CBT <input type="checkbox"/> AUDIO/VIDEO					
SPONSOR: _____					
INSTRUCTOR: _____					
I. INSTRUCTOR:	Excellent	Good	Average	Fair	Poor
Demonstrated knowledge of course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responded satisfactorily to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave examples to illustrate a point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. CONTENT/MATERIALS:					
Clear course objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical value of content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of resource materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content and materials current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. DELIVERY METHOD:					
Ease of use of technology and access to course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. of times interactive with instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of times interactive with instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree of difficulty with self-paced study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course structure for self-paced study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction with the technology used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If your rating is "Average" or below, state your reasons: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
What suggestions do you have to improve this course? <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
Name (optional) _____ Date: _____					
NOTE: No exceptions to this format without Division's prior approval					
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**COMMUNITY ASSOCIATION MANAGER CONTINUING EDUCATION
ATTENDANCE VERIFICATION REPORT**

Sponsor: _____ Instructor: _____
Course Title: _____ CAM# _____ Credit Hours: _____
Date: _____ Time: _____ Location: _____
Signature of Instructor: _____

ATTENDEES

CERT Y/N	Name (Printed or Typed)	Certificate Number	Sign In	Time In	Initial Out	Time Out

NOTE: [116A.230.3\(d\)\(4\)](#) Attendance Report shall be maintained by the sponsor for a period of 4 years.

07/25/14

579C

Certificate of Completion
Community Association Manager Continuing Education

Name

Certificate Number

Has attended and successfully completed a (insert delivery method) offering of

Course Name

CAM # _____

Approved hours

(Course Designation)

on _____
(Date)

This Course Sponsored By:
SPONSOR NAME & ADDRESS

(Original) Authorized Signature

**THIS COURSE IS APPROVED BY THE COMMISSION FOR
COMMON-INTEREST COMMUNITIES & CONDOMINIUM HOTELS**

Form 579 Checklist

Sponsor Checkbox	Check for all items that have been completed, are included or applicable before submitting application to the Division.	NRED Checkbox
<input type="checkbox"/>	Sponsor Information completed	<input type="checkbox"/>
<input type="checkbox"/>	Course Information completed	<input type="checkbox"/>
<input type="checkbox"/>	Course objectives	<input type="checkbox"/>
<input type="checkbox"/>	Qualifying Standards selected	<input type="checkbox"/>
<input type="checkbox"/>	Requested Designation selected	<input type="checkbox"/>
<input type="checkbox"/>	Delivery Method	<input type="checkbox"/>
<input type="checkbox"/>	Subject Area of Course stated	<input type="checkbox"/>
<input type="checkbox"/>	Retention of Records – completed and signed	<input type="checkbox"/>
<input type="checkbox"/>	\$100 Fee	<input type="checkbox"/>
<input type="checkbox"/>	Form 579 completed, signed and dated	<input type="checkbox"/>
<input type="checkbox"/>	Instructor Applications (resumes, licenses, certificates, etc.)	<input type="checkbox"/>
<input type="checkbox"/>	ARELLO Certification or Distance Education Questionnaire	<input type="checkbox"/>
<input type="checkbox"/>	Application for Secure Electronic Method of Administering Final Exam (if applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Certificate of Proctor (if applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Evaluation Report Form	<input type="checkbox"/>
<input type="checkbox"/>	Sample Attendance Sheet	<input type="checkbox"/>
<input type="checkbox"/>	Sample Certificate of Attendance	<input type="checkbox"/>
<input type="checkbox"/>	Timed 2 to 3 point Content Outline	<input type="checkbox"/>
<input type="checkbox"/>	Course Materials (plus videos/CDs as applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Sample Student Handouts	<input type="checkbox"/>
<input type="checkbox"/>	Sample Refund/Cancellation Policy	<input type="checkbox"/>
<input type="checkbox"/>	Description of physical facility (if applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Copyright Authorization Letter (if applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Exams, Quizzes and Answers (if applicable)	<input type="checkbox"/>

**Submit completed application, with materials and fee to:
Education and Information Officer, Office of the Ombudsman, Real Estate Division
2501 E. Sahara Ave., Las Vegas, NV 89104**

FOR NRED INTERNAL USE ONLY

Duplicate Course: ☐ Yes ☐ No CE# _____ Duplicate Title: ☐ Yes ☐ No CE# _____
 Application complete and accepted: ☐ Yes ☐ No Date: _____ Initials: _____